

# ROCKDALE COUNTY BOARD OF EQUALIZATION APPLICATION

| APPLICANT INFORMATION  |                              |                             |  |                   |                              |                             |        |                  |      |  |
|--|------------------------------|-----------------------------|--|-------------------|------------------------------|-----------------------------|--------|------------------|------|--|
| Last Name  |                              |                             |  | First             |                              |                             |        | M.I.             | Date |  |
| Street Address   |                              |                             |  |                   |                              |                             |        | Apartment/Unit # |      |  |
| City   |                              |                             |  | State             |                              |                             |        | ZIP              |      |  |
| Phone  |                              |                             |  | E-mail Address    |                              |                             |        |                  |      |  |
| EDUCATION  |                              |                             |  |                   |                              |                             |        |                  |      |  |
| <b>High School</b>   |                              |                             |  | Address           |                              |                             |        |                  |      |  |
| From   |                              | To                          |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |                  |      |  |
| <b>College</b>   |                              |                             |  | Address           |                              |                             |        |                  |      |  |
| From   |                              | To                          |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |                  |      |  |
| <b>Other</b>   |                              |                             |  | Address           |                              |                             |        |                  |      |  |
| From   |                              | To                          |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |                  |      |  |
| OTHER QUALIFICATIONS   |                              |                             |  |                   |                              |                             |        |                  |      |  |
| List property owned by applicant   |                              |                             |  |                   |                              |                             |        |                  |      |  |
| Address / Legal Description  |                              |                             |  |                   |                              |                             |        |                  |      |  |
| Address / Legal Description  |                              |                             |  |                   |                              |                             |        |                  |      |  |
| Elected posts held with terms of office  |                              |                             |  |                   |                              |                             |        |                  |      |  |
| Have you ever been convicted of a felony?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |                   |                              |                             |        |                  |      |  |
| PREVIOUS EMPLOYMENT / EXPERIENCE   |                              |                             |  |                   |                              |                             |        |                  |      |  |
| <b>Company</b>   |                              |                             |  | Phone             |                              |                             |        |                  |      |  |
| Address  |                              |                             |  | Years             |                              |                             |        |                  |      |  |
| <b>Company</b>   |                              |                             |  | Phone             |                              |                             |        |                  |      |  |
| Address  |                              |                             |  | Years             |                              |                             |        |                  |      |  |
| <b>Other Relevant Experience</b>   |                              |                             |  |                   |                              |                             |        |                  |      |  |
| DISCLAIMER AND SIGNATURE   |                              |                             |  |                   |                              |                             |        |                  |      |  |
| After reviewing the qualifications and training requirements, please sign below indicating that you meet the qualifications and that you agree to comply with the training requirements: |                              |                             |  |                   |                              |                             |        |                  |      |  |
| Signature  |                              |                             |  |                   |                              | Date                        |        |                  |      |  |
| Print  |                              |                             |  |                   |                              |                             |        |                  |      |  |